(916) 229-3000 (916) 229-3055

DEPARTMENT OF FOOD AND AGRICULTURE P. O. BOX 942872 SACRAMENTO, CA 94271-2872

WEIGHMASTER LICENSE APPLICATION [42-005 (Rev. 12/98)]

COMPLETE PER INSTRUCTIONS ON BACK. ATTACH ADDITIONAL SHEETS IF NECESSARY

PRINCIPAL WEIGHMASTER INFORMATION			2 a. SOLE OWNER, PARTNERSHIP, & CORP. OFFICERS, ANSWER THE FOLLOWING				
1. CORP.		NAME AND TITLE AI			ADDRESS		
OWNER'S NAME (S) (If incorporated show corporation name as filed with Sec. of State)							
3. WEIGHMASTER LICENSE NAME							
(Include DBA, where applicable)*							
* FICTITIOUS NAME DOCUMENT MUST BE ATTACHED 4. MAILING ADDRESS		STATE OF INCORPORATIO	N DATE	E OF INCORPO	RATION	CORPORATE NUMBER	
STATE	ZIP	NAME & ADDRESS OF PER	//E & ADDRESS OF PERSON IN CALIF. AUTHORIZEI		ZED TO ACC	EPT SERVICE OF SUMMONS	
TELEPHONE							
5. PRIMARY FIXED WEIGHING OR MEASURING LOCATION (Street)		12. ADDITIONAL FIXED LOCATION				DEPUTY NAMES Print or Type Names)	
STATE	ZIP						
TELEPHONE		CITY	STATE	zip	2.		
□ NON-FIXED (VARIOUS LOCATIONS)			TELEPHONE				
WEIGHING OR MEASURING EQUIPMENT USED (Type, Size, and Capacity)			WEIGHING OR MEASURING EQUIPMENT USED (Type, Size, and Capacity)				
7. DESCRIBE YOUR BUSINESS AT THIS LOCATION			DESCRIBE THIS LOCATION'S OPERATION				
8. WILL YOU ALSO WEIGH FOR THE YES			WILL THIS LOSATION AS OR WEIGHT FOR VOS O				
PUBLIC AND CHARGE A FEE?			THE PUBLIC AND CHARGE A FEE?				
 DATE YOU BEGAN OR WILL BEGIN OPERATING AS A WEIGHMASTER UNDER THIS WEIGHMASTER NAME OR THIS OWNERSHIP 				<u>, , , , , , , , , , , , , , , , , , , </u>	9.		
					10.		
10. FORMER WEIGHMASTER NAME AT THIS LOCATION			TELEPHO	ONE	EWED	FEES	
11. SIGNATURE OF APPLICANT			WEIGHING OR MEASURING EQUIPMENT USED (Type, Size, and Capacity)			PRINCIPAL @ \$75.00 ADDITIONAL FIXED	
PRINTED NAME						LOCATIONS @ \$30.00 ATING NONFIXED	
TITLE			DESCRIBE THIS LOCATION'S OPERATION			TONS @ \$200.00 DEPUTIES @ \$20.00	
HONE DAT	E OF APP.					TOTALS	
YOU ARE RESPONSIBLE FOR INSURING YOUR WEIGHMASTER CERTIFICATES CONTAIN ALL INFORMATION SPECIFIED IN STATE LAW. IF YOU WANT YOUR CERTIFICATES REVIEWED FOR COMPLIANCE, SEND A COPY WITH THIS APPLICATION.			WILL THIS LOCATION ALSO WEIGH Yes FOR THE PUBIC AND CHARGE A FEE?			DO NOT SEND CASH	
	STATE SOLE PROVIDED SOLE PROV	STATE ZIP STATE ZIP STATE ZIP STATE ZIP STATE ZIP TELEPHONE SATIONS) GEQUIPMENT USED Apacity) SS AT THIS LOCATION OR THE YES DATE ESP NO DATE OF APP. RINSURING YOUR WEIGHMASTER NAME NAME AT THIS LOCATION NT HONE DATE OF APP. RINSURING YOUR WEIGHMASTER IN TYOUR CERTIFICATES REVIEWED	HIP SOLE OWNER DEPORTS OF PER SOLE OWNER DEPORTS OF PER STATE DIE DIE STATE DIE STATE DIE DIE STATE DIE DIE STATE DIE DIE DESCRIBE THIS LOCATION DESCRIBE DIE DIE DESCRIBE THIS LOCATION DESCRIBED IN THIS LOCATION SPECIFIED IN THE PUBLIC AND CHAFT DESCRIBED THIS LOCATION DESCRIBED IN THIS LOCATION DESCRIBED I	HIP SOLE OWNER MAME AND TITLE WAME prorated show corporation name as NAME ADDRESS OF PERSON IN CARROLL STATE PROPERTY OF THE PUBLIC AND CHARGE A FEE? NO DESCRIBE THIS LOCATION STATE NAME ADDRESS OF PERSON IN CARROLL STATE PUBLIC AND CHARGE A FEE? NO DESCRIBE THIS LOCATION ALSO WEIGHT OF THE PUBLIC AND CHARGE A FEE? NAME AT THIS LOCATION COUNTY TELEPHORE DESCRIBE THIS LOCATION ALSO WEIGHT OF THE PUBLIC AND CHARGE A FEE? NAME AT THIS LOCATION COUNTY TELEPHORE DESCRIBE THIS LOCATION TELEPHORE NAME AT THIS LOCATION COUNTY TELEPHORE DESCRIBE THIS LOCATION ALSO WEIGHT OF THE PUBLIC AND CHARGE A FEE? NAME AT THIS LOCATION COUNTY TELEPHORE DESCRIBE THIS LOCATION TELEPHORE NAME AT THIS LOCATION COUNTY TELEPHORE DESCRIBE THIS LOCATION ALSO WEIGHT OF THE PUBLIC AND CHARGE A FEE? HONE DATE OF APP. RINSURING YOUR WEIGHMASTER NAME WILL THIS LOCATION ALSO WEIGHT OF THE PUBLIC AND CHARGE A FEE? HONE DATE OF APP. WILL THIS LOCATION ALSO WEIGHT OF THE PUBLIC AND CHARGE A FEE? WILL THIS LOCATION ALSO WEIGHT OF THE PUBLIC AND CHARGE A FEE? WILL THIS LOCATION ALSO WEIGHT OF THE PUBLIC AND CHARGE A FEE? WILL THIS LOCATION ALSO WEIGHT OF THE PUBLIC AND CHARGE A FEE? WILL THIS LOCATION ALSO WEIGHT OF THE PUBLIC AND CHARGE A FEE? WILL THIS LOCATION ALSO WEIGHT OF THE PUBLIC AND CHARGE A FEE? WILL THIS LOCATION ALSO WEIGHT OF THE PUBLIC AND CHARGE A FEE? NO	HIP SOLE OWNER DOTATION NAME AND TITLE STATE SIP NAME & ADDRESS OF PERSON IN CALIF. AUTHORIC STATE ZIP NAME & ADDRESS OF PERSON IN CALIF. AUTHORIC STATE ZIP 12 a. WEIGHING OR MEASURING LOCATION (Sireet) TELEPHONE CITY STATE ZIP TELEPHONE CITY STATE ZIP STATE ZIP 12 a. WEIGHING OR MEASURING LOCATION (Sireet) TELEPHONE CITY STATE ZIP STATE ZIP TELEPHONE ATTOMS) COUNTY TELEPHONE SEAT THIS LOCATION DESCRIBE THIS LOCATIONS OPERATION DESCRIBE THIS LOCATION ALSO WEIGH FOR YES DESCRIBED THIS LOCATION (Sizeet) L BEGIN OPERATING AS A HIS WEIGHMASTER NAME TO DESCRIBE THIS LOCATION ALSO WEIGH FOR YES DESCRIBED THIS LOCATION (Sizeet) DESCRIBE THIS LOCATION TELEPHONE WEIGHING OR MEASURING COCATION (Sizeet) THE PUBLIC AND CHARGE A FEE? NO DESCRIBE THIS LOCATION SIZE ZIP NAME AT THIS LOCATION COUNTY TELEPHONE DESCRIBE THIS LOCATION TELEPHONE WEIGHING OR MEASURING EQUIPMENT USED (Type, Size, and Capacity) WEIGHING OR MEASURING EQUIPMENT USED (Type, Size, and Capacity) WEIGHING OR MEASURING EQUIPMENT USED (Type, Size, and Capacity) WEIGHING OR MEASURING EQUIPMENT USED (Type, Size, and Capacity) WEIGHING OR MEASURING EQUIPMENT USED (Type, Size, and Capacity) WEIGHING OR MEASURING EQUIPMENT USED (Type, Size, and Capacity) WEIGHING OR MEASURING EQUIPMENT USED (Type, Size, and Capacity) WEIGHING OR MEASURING EQUIPMENT USED (Type, Size, and Capacity) DESCRIBE THIS LOCATION ALSO WEIGH FOR THE PUBLIC AND CHARGE A FEE? WILL THIS LOCATION ALSO WEIGH FOR THE PUBLIC AND CHARGE A FEE?	ADDRESS PRIVATE SOLE OWNER NAME AND TITLE ADDRESS PRIVATE STATE STATE	

INSTRUCTIONS

- 1. Check the box that applies to the ownership of the business.
- 2. This is the person(s) or corporation(s) that own the business. If the business is a corporation or limited liability company (LLC), show the corporation name only.
- 2a. List the names, titles, and addresses for sole owner, members of a partnership, limited liability partnership (LLP), officers of a corporation, or limited liability company (LLC). If the business is a corporation or a limited liability company, indicate the state in which incorporated, corporate number or federal ID number, date of incorporation, and the name of the authorized agent to accept service of legal notice.
- 3. The weighmaster license name is the name to appear on the license and all weighmaster certificates. It may be different from the owner's name(s) and corporation's name if they are doing business as (dba) a fictitious name. **If a fictitious name is used, a copy of the fictitious name document must accompany the application.**
- 4. Mailing address is the location where <u>all</u> correspondences are to be mailed. The telephone number is the one to call if weights and measures personnel need to obtain additional information about the license.
- 5. If you have only one fixed weighing or measuring location, put its street address and city in this space. If you have more than one fixed weighing or measuring location, list the additional locations in Number 12. The telephone number shall be the one where the weighing or measuring occurs. If you do not have a fixed weighing or measuring location, indicate "various". If operating both fixed location(s) and non-fixed locations (portable scales, meters, etc., are transported to the customer's location), each applicable type of license must be stated on the application.
- 6. Weighing or measuring equipment does not have to be in detail. Simply state the type, size, and capacity (e.g., vehicle 70' 50 ton; hopper 20 ton; portable 1,000 lb; 2" 200 gpm).
- 7. To describe your business at this location, state the type of business and the commodities handled. Example: Grain warehouse of wheat, barley and safflower; public scale for all commodities; rock, sand and readymix; etc.
- You are not required to do public weighing. Indicate if you plan to issue weighmaster certificates at the request of the public and charge a fee.
- 9. This establishes your license year. The license is to be renewed on or before the first of this month each year. It is the licensee's responsibility to renew the license when due.
- 10. Show only the previous weighmaster license name, not the owner's name or business name.
- 11. This signature shall be affixed by the licensee or a person who has the authority to act as a legal representative for the licensee along with home/emergency telephone and date of application.
- 12. If you have more than one fixed weighing or measuring location, complete sections 12a and 12b (depending on the number of locations you have). Use additional sheets if necessary. (See items 5 through 7 for instructions.)
- 13. All persons who will be determining weight, measure or count and/or signing weighmaster certificates must be licensed as deputies. **The only exemptions are partners of a partnership** or **the sole owner**. If the business is a corporation, there are no exemptions.
- 14. Fees are for this initial application. If the principal location moves, a fixed branch is added, or deputies are added, additional appropriate fees are required **PRIOR TO OPERATION**.

It is the licensee's responsibility to keep all information and fees current.

If you need additional information or are unsure of anything on this form, call or write the Division of Measurement Standards, License Clerk, 8500 Fruitridge Road, Sacramento, California 95826, telephone (916) 229-3000, fax (916) 229-3055.

The Department of Food and Agriculture has established time periods for the processing of permit applications in compliance with Government Code Sections 15274 - 15378. Failure to comply with these time periods may be appealed to the Secretary of Food and Agriculture, 1220 N Street, P.O. Box 942871, Sacramento, CA 94271-0001, pursuant to regulations set forth in Title 3, California Code of Regulations, Section 300. Under certain circumstances, the Secretary may order that the applicant receive a reimbursement of filing fees.